



PAGE 1/2 P.2

PTO/SB/01 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ OR Correspondence address below

Name

WAYNE DONELSON / DEANNE & WAYNE & CO.

Address

1923 HAMILL RD

City

HIXSON

State

TN

ZIP

37343

Country

USA

Telephone

423.895.2816

Fax

423 870 8855

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

JOSHUA

Family Name
or Surname

DONELSON

Inventor's
Signature

Wayne Donel

Date

6/24/04

Residence: City

GOLDEN

State

COLORADO

Country

USA

Citizenship

US

Mailing Address

294 PARK CIRCLE

City

GOLDEN

State

COLORADO

ZIP

80401

Country

US

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

WAYNE

Family Name
or Surname

DONELSON

Inventor's
Signature

Wayne Donel

Date

Residence: City

HIXSON

State

TN

Country

USA

Citizenship

US

Mailing Address

1923 HAMILL RD

City

HIXSON

State

TN

ZIP

37343

Country

US

Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

1923 HAMILL RD

grnp

PTO/SB/01 (05-03)
Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number _____ OR <input checked="" type="checkbox"/> Correspondence address below			
Name WAYNE DONELSON / DEANNE & WAYNE & CO.			
Address 1923 HAMILL RD			
City HIXSON	State TN	ZIP 37343	
Country USA	Telephone 423.870.2816	Fax 423 870 8855	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) JOSHUA		Family Name or Surname DONELSON	
Inventor's Signature Wayne		Date 6/24/04	
Residence: City GOLDEN	State COLORADO	Country USA	Citizenship US
Mailing Address 294 PARK CIRCLE			
City GOLDEN	State COLORADO	ZIP 80401	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) WAYNE		Family Name or Surname DONELSON	
Inventor's Signature Wayne		Date	
Residence: City HIXSON	State TN	Country USA	Citizenship US
Mailing Address 1923 HAMILL RD			
City HIXSON	State TN	ZIP 37343	Country US
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

[Page 2 of 2]

423.870.8855

JUN 28 2004

PTO/SB/02A (05-03)

Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
DEANNE B. HIXSON		FLANDERS	
Inventor's Signature			Date 6/24/04
Residence: City	HIXSON	State TN	Country USA
Mailing Address	1923 HAMILL RD		
Mailing Address			
City	HIXSON	State TN	Zip 37343 Country USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname	
Inventor's Signature			
Residence: City		State	Country
Mailing Address			
Mailing Address			
City		State	Zip
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname	
Inventor's Signature	Date		
Residence: City		State	Country
Mailing Address			
Mailing Address			
City		State	Zip

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-3199 (1-800-786-9199) and select option 2.



UNITED STATES
PATENT AND
TRADEMARK OFFICE



FEBRUARY 24, 2003

PTAS

EDELL, SHAPIRO, FINNAN & LYTLE, LLC
IRA C. EDELL
1901 RESEARCH BOULEVARD
SUITE 400
ROCKVILLE, MD 20850

Under Secretary of Commerce For Intellectual Property and
Director of the United States Patent and Trademark Office
Washington, DC 20231
www.uspto.gov



102268360A

UNITED STATES PATENT AND TRADEMARK OFFICE
NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF
THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS
AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER
REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE
INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA
PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD
FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY
CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723.
PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE,
ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY,
SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 10/29/2002

REEL/FRAME: 013435/0321
NUMBER OF PAGES: 4

BRIEF: ASSIGNMENT OF ASSIGNEE'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNEE:
DONELSON, JOSHUA

DOC DATE: 10/24/2002

ASSIGNEE:
DONELSON, WAYNE

DOC DATE: 10/24/2002

ASSIGNEE:
FLANDERS, DEANNE

DOC DATE: 10/24/2002

ASSIGNEE:
D& & WAYNE & CO.
1923 HAMILL ROAD
HIXSON, TENNESSEE 37343

SERIAL NUMBER: 60421763
PATENT NUMBER:

FILING DATE: 10/29/2002
ISSUE DATE:

CERTIFICATE OF REGISTRATION



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

FORM TX

For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

P

TXu 1-065-112



TXu065112

EFFECTIVE DATE OF REGISTRATION

DEC - 4 2002

Month Day Year

OFFICIAL SEAL

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

e-pack 1.0

PREVIOUS OR ALTERNATIVE TITLES ▼

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. **Title of Collective Work ▼**

If published in a periodical or serial give: Volume ▼	Number ▼	Issue Date ▼	On Pages ▼
---	----------	--------------	------------

NAME OF AUTHOR ▼

a DEANNE & WAYNE & co.

Was this contribution to the work a "work made for hire"?

- Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country

OR
Citizen of ▶ _____
Domiciled in ▶ _____

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions.

- Anonymous? Yes No
Pseudonymous? Yes No

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼

INTERACTIVE WEB CONFIGURATION SOFTWARE

NAME OF AUTHOR ▼

b

Was this contribution to the work a "work made for hire"?

- Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country

OR
Citizen of ▶ _____
Domiciled in ▶ _____

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions.

- Anonymous? Yes No
Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

c

Was this contribution to the work a "work made for hire"?

- Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country

OR
Citizen of ▶ _____
Domiciled in ▶ _____

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

If the answer to either of these questions is "Yes," see detailed instructions.

- Anonymous? Yes No
Pseudonymous? Yes No

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼

3

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

2002

This information must be given in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

b Complete this information Month ▶ _____ Day ▶ _____ Year ▶ _____ Nation ▶ _____

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

*DEANNE & WAYNE & CO
1923 HAMILL ROAD
HIXSON, TN 37343*

See instructions before completing this space.

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

DO NOT WRITE HERE
OFFICE USE ONLY

APPLICATION RECEIVED
DEC 04 2002
ONE DEPOSIT RECEIVED
DEC 04 2002
TWO DEPOSITS RECEIVED
FUND RECEIVED

MORE ON BACK ▶ • Complete all applicable spaces (numbers 5-9) on the reverse side of this page.
• See detailed instructions.

- Sign the form at line 8.

DO NOT WRITE HERE

Page 1 of *Z* pages

BEST AVAILABLE COPY

CHECKED BY _____

<input type="checkbox"/>	CORRESPONDENCE
Yes	

FOR
COPYRIGHT
OFFICE
USE
ONLY**DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.****PREVIOUS REGISTRATION** Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

- Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box.) ▼
- a. This is the first published edition of a work previously registered in unpublished form.
 - b. This is the first application submitted by this author as copyright claimant.
 - c. This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give Previous Registration Number ►

Year of Registration ►

5

DERIVATIVE WORK OR COMPILED

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

a

6

See instructions
before completing
this space.*NA***Material Added to This Work** Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

b

*NA***DEPOSIT ACCOUNT** If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.
Name ▼

Account Number ▼

a

7

*NA***CORRESPONDENCE** Give name and address to which correspondence about this application should be sent. Name / Address / Apt / City / State / ZIP ▼

b

WAYNE DONELSON

DEANNE & WAYNE & CO.

1923 HAMILL ROAD, HIXSON, TN 373413

Area code and daytime telephone number ► 423-875-2816

Fax number ► 423-870-8855

Email ► *wayne@brokenbridge.com and deanne@casualplus.com***CERTIFICATION*** I, the undersigned, hereby certify that I am the

Check only one ►

- author
 other copyright claimant
 owner of exclusive right(s)
 authorized agent of *DEANNE & WAYNE & CO.*

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

8

of the work identified in this application and that the statements made
by me in this application are correct to the best of my knowledge.

Handwritten signature (X) ▼

x Wayne Donelson Pres

Date ► 11/18/02

Certificate
will be
mailed in
window
envelope
to this
address:

Name ▼	DEANNE & WAYNE & CO
Number/Street/Apt ▼	1923 HAMILL ROAD
City/State/ZIP ▼	HIXSON, TN 37343

- Complete all necessary spaces
- Sign your application in space 8

1. Application form
2. Nonrefundable filing fee in check or money order payable to Register of Copyrights
3. Deposit material

Library of Congress
Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20590-6000Form is subject to
change. For current
form, check the
Copyright Office
website at
www.uspto.gov,
write the Copyright
Office, or call
(202) 707-8000.

9

*17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.